

# **Clinical Decision Support (CDS) Content and Health Level 7 (HL7)-Compliant Knowledge Artifacts (KNARTs)**

## **Mental Health: Consult for Depression Clinical Content White Paper**

**Department of Veterans Affairs (VA)**



**Knowledge Based Systems (KBS)  
Office of Informatics and Information Governance (OIIG)  
Clinical Decision Support (CDS)**

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# Clinical Decision Support (CDS) Content and Health Level 7 (HL7)-Compliant Knowledge Artifacts (KNARTs): Mental Health: Consult for Depression Clinical Content White Paper

by Department of Veterans Affairs (VA), , , and

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**Table 1. Relevant KNART Information: Mental Health: Consult for Depression**

Mental Health	Associated CLIN
Consult for Depression - Order Set	CLIN0004AB
Consult for Depression - Documentation Template/ Consult Request	CLIN0005AB
Consult for Depression - Composite/Consult Request	N/A

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# Introduction

The VA is committed to improving the ability of clinicians to provide care for patients while increasing quality, safety, and efficiency. Recognizing the importance of standardizing clinical knowledge in support of this goal, VA is implementing the Health Level 7 (*HL7*) Knowledge Artifact Specification for a wide range of VA clinical use cases. Knowledge Artifacts, referred to as (*KNARTs*), enable the structuring and encoding of clinical knowledge so the knowledge can be integrated with electronic health records to enable clinical decision support.

The purpose of this Clinical Content White Paper (*CCWP*) is to capture the clinical context and intent of *KNART* use cases in sufficient detail to provide the *KNART* authoring team with the clinical source material to construct the corresponding knowledge artifacts using the HL7 Knowledge Artifact Specification. This paper has been developed using material from a variety of sources: VA artifacts, clinical practice guidelines, evidence in the body of medical literature, and clinical expertise. After reviewing these sources, the material has been synthesized and harmonized under the guidance of VA subject matter experts to reflect clinical intent for this use case.

Unless otherwise noted, items within this white paper (e.g., documentation template fields, orderable items, etc.) are chosen to reflect the clinical intent at the time of creation. To provide an exhaustive list of all possible items and their variations is beyond the scope of this work.



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# Conventions Used

Conventions used within the knowledge artifact descriptions include:

*<obtain>*: Indicates a prompt to obtain the information listed

- If possible, the requested information should be obtained from the underlying system(s). Otherwise, prompting the user for information may be required
- Default Values: Unless otherwise noted, *<obtain>* indicates to obtain the most recent observation. It is recognized that this default time-frame value may be altered by future implementations

*[...]*: Square brackets enclose explanatory text that indicates some action on the part of the clinical user, or general guidance to the clinical or technical teams. Examples include, but are not limited to:

*[Begin ...], [End ...]*: Indicates the start and end of specific areas to clearly delineate them for technical purposes.

*[Activate ...]*: Initiates another knowledge artifact or knowledge artifact section.

*[Section Prompt: ...]*: If this section is applicable, then the following prompt should be displayed to the user.

*[Section Selection Behavior: ...]*: Indicates technical constraints or considerations for the selection of items outlined in the section prompt.

*[Attach: ...]*: Indicates that the specified item (e.g. procedure or result interpretation) should be attached to the documentation template if available.

*[Link: ...]*: Indicates that rather than attaching an item (e.g. image), a link should be included in the documentation template.

*[Clinical Comment: ...]*: Indicates technical considerations or notes to be utilized for KNART authoring and at time of implementation planning.

*[Technical Note: ...]*: Indicates technical considerations or notes to be utilized for KNART authoring and at time of implementation planning.

*[If ...]*: Indicates the beginning of a conditional section.

*[Else, ...]*: Indicates the beginning of the alternative branch of a conditional section.

*[End if ...]*: Indicates the end of a conditional section.

- ☐ *[Check box]*: Indicates items that should be selected based upon the section selection behavior.

---

# Chapter 1. Mental Health: Consult for Depression

## Clinical Context

[Begin Clinical Context.]

This set of KNARTs is intended to support initiation of appropriate clinical orders and provision of required documentation to place a consult request.

Depression is a highly prevalent condition that is among the most common causes of morbidity, mortality (i.e., suicide, homicide), and disability. In view of this, the VA has established structured protocols for collaborative care management that are generally implemented by behavioral health nurses or clinical social workers, with provision for referral to specialty mental health care programs when needed.

**Table 1.1. Clinical Context Domains**

Target User	Primary Care Providers (PCPs) and Mental Health Providers embedded in primary care practice settings
Patient	Adults Outpatients identified as requiring evaluation or treatment for depression
Priority	Routine
Specialty	Primary Care
Location	Outpatient

[End Clinical Context.]

## Knowledge Artifacts

[Begin Knowledge Artifacts.]

This section describes the CDS knowledge artifacts that are part of the Mental Health group, and include:

- A Composite/Consult Request: Mental Health: Consult for Depression KNART
  - High-level, encompassing artifact
  - Relies upon the documentation template and order set artifacts
- A Documentation Template: Mental Health: Consult for Depression KNART
  - Documents the information provided by the referring provider
  - Includes logic for appropriate display of documentation sections
- An Order Set: Mental Health: Consult for Depression KNART
  - Orderable items associated with the consult request
  - Includes logic for appropriate display of the order set

[End Knowledge Artifacts.]

---

# Chapter 2. Composite/Consult Request: Consult for Depression

[Begin Composite/Consult Request: Consult for Depression.]

## Knowledge Narrative

[Begin Knowledge Narrative.]

[See Clinical Context in Chapter 1.]

[End Knowledge Narrative.]

## Consult and Referral Request

[Begin Consult and Referral Request.]

[Technical Note: The following list provides the basic components of the consult request. This is the high-level, encompassing artifact, and must be combined with the documentation template and order set to form a fully functional knowledge artifact.]

[Technical Note: Consult specialty of mental health should be selected automatically]

[Section Prompt: Consult Specialty: Mental Health]

<obtain> Reason for consult

[Section Prompt: Goal of Consult.]

[Section Selection Behavior: Required. Select One.]

- ☐ Provide consultation to PCP
- ☐ Start treatment and return to PCP for follow up and maintenance
- ☐ Start treatment, monitor for effect and when on stable therapy return to PCP
- ☐ Treat as long as necessary (or indefinitely)

[Section Prompt: Priority.]

- ☐ Routine (within 30 days)
- ☐ Routine with Scheduling Instructions

[Technical Note: Obtain from Documentation Template.]

- <obtain> Current psychiatric medications

[Section Prompt: Patient Treatment Preference.]

[Section Selection Behavior: Select one or more. Required.]

- ☐ Psychotherapy
- ☐ Medication
- ☐ Medication and psychotherapy

Composite/Consult Request:  
Consult for Depression

---

☐ No preference

<obtain> Additional information

[Technical Note: Obtain from Documentation Template or input by ordering provider.]

<obtain> Referring Physician

<obtain> Referring Physician Contact Information

[Technical Note: Referring Physician and Referring Physician Contact Information to be filled in automatically.]

[End Consult and Referral Request.]

[End Composite/Consult Request: Consult for Depression.]

---

# Chapter 3. Documentation Template: Consult for Depression

[Begin Documentation Template: Consult for Depression.]

[Technical Note: This documentation template—consult request should be available to PCPs and mental health providers embedded in primary care practice settings caring for outpatients identified as requiring evaluation or treatment for depression.]

## Knowledge Narrative

[Begin Knowledge Narrative.]

[See Clinical Context in Chapter 1.]

[End Knowledge Narrative.]

## Screening Mental Health Evaluation

[Begin Screening Mental Health Evaluation.]

[Section Prompt: Patient Health Questionnaire-9 (*PHQ-9*). (A score of 10 is considered the threshold for mild symptoms of depression.)]

[Technical Note: Both the most recent *PHQ-9* score from any timeframe and all *PHQ-9* scores from the past 1 year should be presented to the user, with the dates of those scores, from available data.]

[Technical Note: *PHQ-9* must be calculated by totaling the form label values (displayed below following each user selection option) for the form labels selected by the user. Note that the following form components are adapted from Kroenke 2001. A score of 10 is considered the threshold for mild symptoms of depression.]

[Section Selection Behavior: Select one for each question asked. Optional.]

[Technical Note: *PHQ-9* score calculated using numbers following the response options below. Use the following reference link for scoring: <https://www.integration.samhsa.gov/images/res/PHQ%20-%20Questions.pdf>.]

[Section Prompt: Patient response to "over the past two weeks, how often have you been bothered by any of the following problems?"]

[Section Prompt: "Little interest or pleasure in doing things."]

- ☐ Not at all 0
- ☐ Several days 1
- ☐ More than half the days 2
- ☐ Nearly every day 3

[Section Prompt: "Feeling down, depressed, or hopeless."]

- ☐ Not at all 0
- ☐ Several days 1
- ☐ More than half the days 2

☐ Nearly every day 3

[Section Prompt: "Trouble falling or staying asleep, or sleeping too much."]

☐ Not at all 0

☐ Several days 1

☐ More than half the days 2

☐ Nearly every day 3

[Section Prompt: "Feeling tired or having little energy."]

☐ Not at all 0

☐ Several days 1

☐ More than half the days 2

☐ Nearly every day 3

[Section Prompt: "Poor appetite or overeating."]

☐ Not at all 0

☐ Several days 1

☐ More than half the days 2

☐ Nearly every day 3

[Section Prompt: "Feeling bad about yourself-or that you are a failure or have let yourself or your family down."]

☐ Not at all 0

☐ Several days 1

☐ More than half the days 2

☐ Nearly every day 3

[Section Prompt: "Trouble concentrating on things, such as reading the newspaper or watching television."]

☐ Not at all 0

☐ Several days 1

☐ More than half the days 2

☐ Nearly every day 3

[Section Prompt: "Moving or speaking so slowly that other people could have noticed. Or the opposite-being so fidgety or restless that you have been moving around a lot more than usual."]

☐ Not at all 0

☐ Several days 1

☐ More than half the days 2

☐ Nearly every day 3

[Section Prompt: "Thoughts that you would be better off dead or of hurting yourself."]

- ☐ Not at all 0
- ☐ Several days 1
- ☐ More than half the days 2
- ☐ Nearly every day 3

[Technical Note: The following question should be presented if PHQ-9 score  $\geq 1$ . Note that this is an unscored question in the PHQ-9 and has no form label value.]

Patient response to "If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?"

- ☐ Not difficult at all
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Extremely difficult

[Section Prompt: For positive responses to the suicidal ideation question consider the following.]

[Technical Note: Upon completion of the PHQ-9, if there was any positive response to the question about suicidal ideation, the user should be presented with links to the following:

Documentation Template: Mental Health Suicide Risk Assessment KNART

Order Set: Mental Health Positive Suicide Risk Screening KNART.]

[Section Prompt: Prompt user to follow VA protocol for emergency situations. Information about the Veterans Crisis Line should be provided as appropriate, including the telephone number (800.273.8255), text message support (838255), and the website (<https://www.veteranscrisisline.net/>).]

<obtain> Additional information

[End Screening Mental Health Evaluation.]

## Medical History

[Begin Medical History.]

[Technical Note: Thyroid study results from the past 1 year should be autopopulated, with the dates of those results.]

<obtain> Thyroid-stimulating hormone (TSH), free T4 results and dates

<obtain> Additional Information

[End Medical History.]

## Treatment History

[Begin Treatment History.]

<obtain> Interventions tried prior to consult request (timeframes, intensities, and providers for psychotherapy and any other interventions)

[End Treatment History.]

[End Documenation Template: Consult for Depression.]



---

# Chapter 4. Order Set: Consult for Depression

[Begin Order Set: Consult for Depression.]

## Knowledge Narrative

[Begin Knowledge Narrative.]

[See Clinical Context in Chapter 1.]

[End Knowledge Narrative.]

## Consults and Referrals

[Begin Consults and Referrals.]

[Section Prompt: Follow VA protocol for emergency situations. Information about the Veterans Crisis Line should be provided to the patient as appropriate, including the telephone number (800.273.8255), text message support (838255), and the website (<https://www.veteranscrisisline.net/>).]

[Technical Note: This section should be provided to PCPs and mental health providers embedded in primary care practice settings who are caring for outpatients identified as requiring evaluation or treatment for depression.]

[Section Prompt: Inform patient that referral order was placed, including location of consult and emergency contact details for informed consent and contingency planning.]

- ☐ Referral to mental health to evaluate and treat for depression (routine-within 30 days)

[End Consults and Referrals.]

## Patient and Caregiver Education

[Begin Patient and Caregiver Education.]

[Technical Note: This section should be provided to primary care providers and mental health providers embedded in primary care practice settings who are caring for outpatients identified as requiring evaluation or treatment for depression.]

- ☐ Depression education now

[End Patient and Caregiver Education.]

[End Order Set: Consult for Depression.]

---

# Bibliography/Evidence

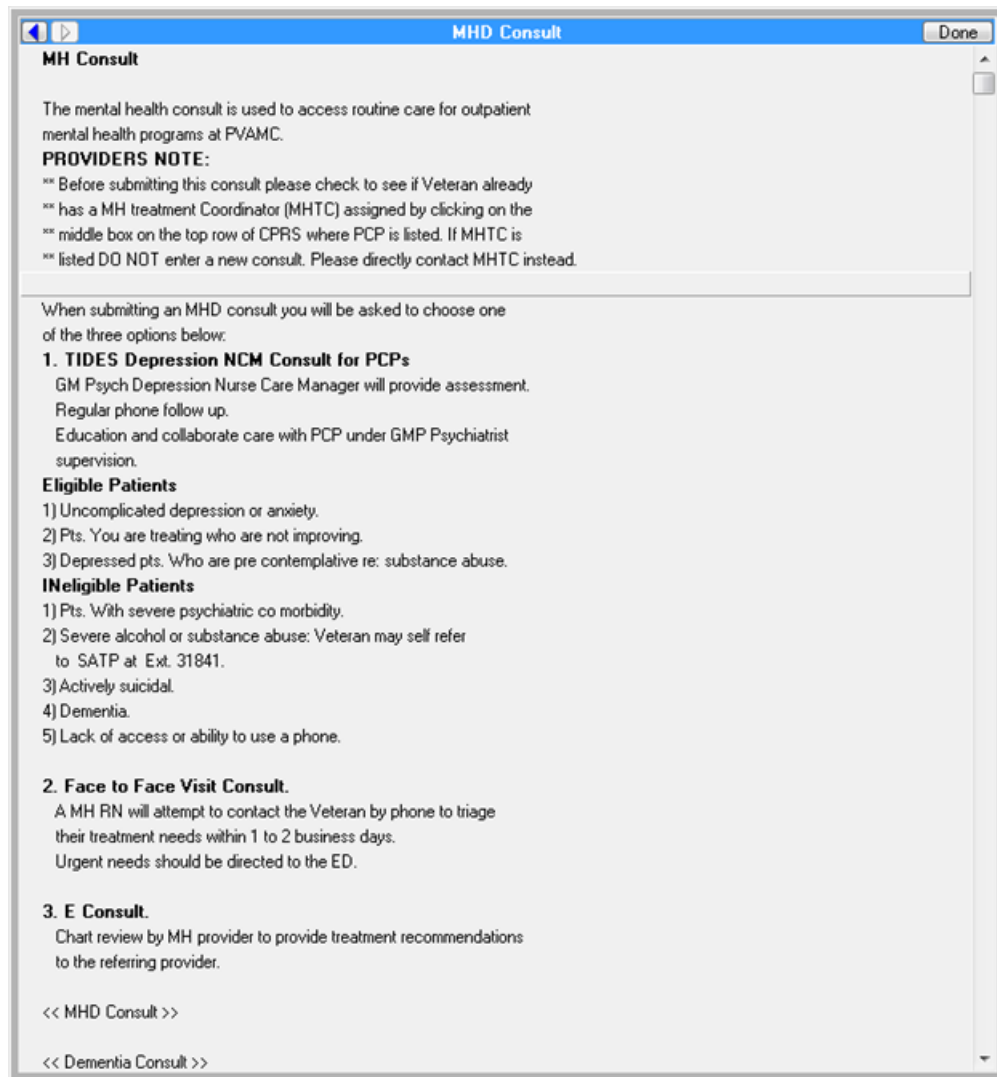
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# Appendix A. Existing Sample VA Artifacts

Figures A.1-A.7: Portland Oregon VA Medical Center (VAMC) Screenshots: Mental Health Consult for Depression - Order Set

**Figure A.1. Mental Health Depression (MHD) Consult (image 1 of 3)**



**Figure A.2. Mental Health Depression (MHD) Consult (image 2 of 3)**

Template: MHD Consult

\*\*\*\*PROVIDERS NOTE: Choose one of the options below\*\*\*\*

\*\*\*The Tides Depression Option if FOR PCP's ONLY\*\*\*

☐ Tides Depression NCM Consult Reason for Request:

\*  
test

☒ FACE TO FACE: Reason for Request:

1. Presenting problem, reason for MH referral:

\*  
test

2. Goal of treatment:

\*  
test

3. Brief MH history

a. Has the patient been treated for mental health in the past?

☒ YES. Previous Mental Health Treatment. Explain:

\*  
test

☒ YES. Patient has current Mental health medications. Explain:

\*  
test

c. Substance abuse issues, current or past?

☒ YES. Patient has substance abuse issues, current or past. ...

☐ NO. Patient DOES NOT have substance abuse issues, current or past. ...

☐ NO. Patient DOES NOT have Mental health current medications. ...

☐ NO - Previous Mental Health Treatment.

☐ E - CONSULT Reason for Request:

1. Presenting problem, reason for MH referral:

\*  
test

2. Is the veteran pregnant, post partum, or planning conception?

\*☒ Yes ☐ No

All None \* Indicates a Required Field Preview OK Cancel

**Figure A.3. Mental Health Depression (MHD) Consult (image 3 of 3)**

Template: MHD Consult

FACE TO FACE:

1. Presenting problem, reason for MH referral:  
test

2. Goal of treatment:  
test

3. Brief MH history

a. Has the patient been treated for mental health in the past?  
YES. Previous Mental Health Treatment.  
test  
YES. Patient has current Mental health medications.  
test

c. Substance abuse issues, current or past?  
YES. Patient has substance abuse issues, current or past. Explain:  
\* test

4. Has the patient been informed that he/she is being referred to mental health? \* ☒ Yes ☐ No Please enter any additional comments or information below:  
test

5. I have confirmed that this veteran's contact information is correct. A secondary contact number for the veteran is:  
\*test

PO BOX 20  
PORTLAND, OR 97207  
(503) TEST TEST

\* Indicates a Required Field

Preview OK Cancel

**Figure A.4. Order a Mental Health Depression (MHD) Outpatient Consult**

**Order a Consult**

Consult to Service/Specialty  
MHD Consult Outpt  
MHD Consult Outpt

Urgency: ROUTINE  
Attention:   
Clinically indicated date:   
Patient will be seen as an:   
☐ Inpatient ☒ Outpatient  
Place of Consultation: CONSULTANT'S CHOICE  
Provisional Dx (REQUIRED):   
Lexicon

Reason for Request  
Tides Depression NCM Consult  
test

MHD Consult Outpt Cons CONSULTANT'S CHOICE

Accept Order Quit

**Figure A.5. Template Mental Health Depression (MHD) Consult – E-Consult (image 1 of 2)**

**Template: MHD Consult**

☐ **FACE TO FACE: Reason for Request:**

1. Presenting problem, reason for MH referral:
  - \* test
2. Goal of treatment:
  - \* test
3. Brief MH history
  - a. Has the patient been treated for mental health in the past?

☒ **E - CONSULT Reason for Request:**

1. Presenting problem, reason for MH referral:
  - \* test
2. Is the veteran pregnant, post partum, or planning conception?
  - \* ☐ Yes ☒ No
3. Goal of treatment:
  - \* test
4. Brief MH history
  - a. Has the patient been treated for mental health in the past?

☒ **YES. Previous Mental Health Treatment. Explain:**

- \* test

☒ **YES. Patient has current Mental health medications. Explain:**

- \* test

c. Substance abuse issues, current or past?

☒ **YES. Patient has substance abuse issues, current or past. ...**

☐ **NO. Patient DOES NOT have substance abuse issues, current or past. ...**

☐ **NO. Patient DOES NOT have Mental health current medications. ...**

☐ **NO - Previous Mental Health Treatment.**

\* Indicates a Required Field

**Figure A.6. Template Mental Health Depression (MHD) Consult – E-Consult (image 2 of 2)**

Template: MHD Consult

E - CONSULT

1. Presenting problem, reason for MH referral:  
test

2. Is the veteran pregnant, post partum, or planning conception?  
No

3. Goal of treatment:  
test

4. Brief MH history  
a. Has the patient been treated for mental health in the past?  
YES. Previous Mental Health Treatment.  
test  
YES. Patient has current Mental health medications.  
test

c. Substance abuse issues, current or past?  
YES. Patient has substance abuse issues, current or past. Explain:  
\* test

4. Has the patient been informed that he/she is being referred to mental health? \*☒ Yes ☐ No Please enter any additional comments or information below:  
test

5. I have confirmed that this veteran's contact information is correct. A secondary contact number for the veteran is:  
\*test

PO BOX 20  
PORTLAND, OR 97207

(503) TEST TEST

\* Indicates a Required Field

Preview OK Cancel



**Figure A.7. Order a Mental Health Depression (MHD) Outpatient E-Consult**

The screenshot shows a software window titled "Order a Consult" with a close button in the top right corner. On the left, a list box labeled "Consult to Service/Specialty" contains "MHD Consult Outpt" and "MHD Consult Outpt" (highlighted in blue). To the right of this list are fields for "Urgency" (set to "ROUTINE"), "Attention", "Clinically indicated date:" (with a calendar icon), "Patient will be seen as an:" (with radio buttons for "Inpatient" and "Outpatient", where "Outpatient" is selected), and "Place of Consultation" (set to "CONSULTANT'S CHOICE"). Below these is a "Provisional Dx (REQUIRED)" field and a "Lexicon" button. The main area is labeled "Reason for Request" and contains a text area with the following text: "E - CONSULT", "1. Presenting problem, reason for MH referral:", "test", "2. Is the veteran pregnant, post partum, or planning conception?", "No", "3. Goal of treatment:", "test", "4. Brief MH history", "a. Has the patient been treated for mental health in the past?". At the bottom of this area is a text field containing "MHD Consult Outpt Cons CONSULTANT'S CHOICE". To the right of this field are "Accept Order" and "Quit" buttons.

Figures A.8-A.21: Greater Los Angeles, CA VAMC Screenshots Mental Health Depression - Order Set

**Figure A.8. I am NOT a Mental Health Provider**

The screenshot shows a window titled "I am NOT a Mental Health provider" with a "Done" button in the top right corner. The main area contains a list of options for where the patient is currently being seen. The first option is "Emergency Department" (highlighted in blue). Other options include "Specialty Medical or Surgical Clinic", "WLA PACC PACT Provider ONLY", "WLA NON PACC PACT Provider", "WLA SMI PACT Provider Only", "Homeless PACT/Integrated Community Care Consult", "Women's Health Clinic", "Psych consult for patients enrolled in GRECC clinic only", and "Substance use Disorder (SUD)/Addiction Treatment Program". Below these is the option "Any inpatient unit". Under the heading "OR", there is a section "to enter a Violence Risk Assessment Consult click below" with the option "Violence Risk Assessment Consult (Disruptive Behavior Reporting System)".

**Figure A.9. Emergency to be Seen by Emergency Department Psychiatrist**

The screenshot shows a web application window with a blue title bar containing the text "Emergency Department" and a "Done" button on the right. The main content area is light gray and contains the following text:

Emergency to be seen by ED psychiatrist

[Routine case to be seen by appointment in a mental health clinic](#)

The form is otherwise empty, with a large gray rectangular area below the text.

**Figure A.10. Reason for Request - Mental Health Psychiatry Emergency Outpatient**

Reason for Request: MH-PSYCHIATRY EMERGENCY OUTPT -(WLA)

\*\*\*\*\*  
ZZTEST,A PATIENT GRACE 4399 77 Y/O FEMALE  
SERVICE CONNECTED % - NONE FOUND RATED DISABILITIES - NONE FOUND  
\*\*\*\*\*

\*\*\*\*\*  
\*\* PAST CLINIC APPOINTMENTS \*\*  
DATE/TIME CLINIC ( LOCATION )  
\*\*\* NO DATA \*\*\*  
\*\*\*\*\*

\*\*\*\*\*  
\*\* TODAY'S & FUTURE CLINIC APPOINTMENTS \*\*  
DATE/TIME CLINIC ( LOCATION )  
\*\*\* NO DATA \*\*\*  
\*\*\*\*\*

For urgent request, please page the service: [Pager info link](#)

>Referring provider's pager/phone:  
NAME: WEDEMEYER,LINDA  
SERVICE/SECTION: SURGICAL & PERIOPERATIVE CARE  
PHONE EXT: 213 253-2677 4633  
VA PAGER: 3450  
UCLA PAGER:  
OTHER PAGER(S):

>Is the referring provider contact information above correct? \*☒ Yes ☐ No  
If "no," please update info below:

>This is an emergent psychiatric evaluation for:  
\*  
☐ Danger to Self  
☐ Danger to Others  
☐ Grave Disability  
☐ Delirium/Behavioral Management  
☐ Capacity to Make (Specific) Medical Decision  
☐ Other (Please describe)

\*\*\*

\* Indicates a Required Field

Preview OK Cancel

**Figure A.11. Reason for Request - Mental Health Clinic Outpatient (image 1 of 4)**

Reason for Request: MH-MENTAL HEALTH CLINIC OUTPT -(WLA)

It has been determined that there is no psychiatric emergency, no suicidal or homicidal ideation, grave disability, or severe intoxication requiring emergency medical attention. No indication for calling emergency services.

For urgent request, please page the service: [Pager info link](#)

PLEASE NOTE THAT ANY REFERRALS DETERMINED DURING REVIEW TO BE COMPLETED INCORRECTLY OR INCOMPLETELY WILL BE DISCONTINUED AND RETURNED TO YOU, WHICH WILL RESULT IN A DELAY.

1. ZZTEST,A PATIENT GRACE

2. Is Patient currently being hospitalized for psychiatric reasons?  
\* ☒ Yes ☐ No

3. Best contact phone number (please confirm with patient):  
\*

4. What is patient's zip code? \*

5. Which of the following VA clinics with mental health services is closest to the patient's current residence?

☐ Downtown Clinic on Temple Street  
☐ Sepulveda Clinic in San Fernando Valley  
☐ East Los Angeles Clinic  
☐ Gardena Clinic  
☐ Bakersfield Clinic  
☐ Oxnard Clinic  
☐ Lancaster Clinic  
☐ West Los Angeles Clinic  
☐ Santa Barbara Clinic  
☐ Santa Maria Clinic

6. If the patient lives closer to another clinic that is NOT West Los Angeles,

\* Indicates a Required Field

Preview OK Cancel

**Figure A.12. Reason for Request - Mental Health Clinic Outpatient (image 2 of 4)**

Reason for Request: MH-MENTAL HEALTH CLINIC OUTPT -(WLA)

6. If the patient lives closer to another clinic that is NOT West Los Angeles, why are you submitting this referral to West Los Angeles MHC?

7. Is the patient already currently engaged in any mental health services at any VA clinic on any VA campus?

\* ☒ Yes ☐ No

If yes, please stop filling out this referral and refer to patient's existing mental health providers (refer to "MH Treatment Coordinator" in top middle panel of CPRS).

8. For which of the following psychiatric diagnosis are you seeking treatment for this patient?

☐ Depression

☐ Anxiety

☐ Substance Use Disorder (e.g. alcohol, cocaine, cannabis, etc.)

☐ Bipolar Disorder

☐ PTSD related to COMBAT

☐ PTSD related to MILITARY SEXUAL TRAUMA

☐ Schizophrenia

☐ Other

9. Does the patient explicitly agree to be referred to the Mental Health Clinic at West Los Angeles?

\* ☒ Yes ☐ No If you check off "NO", please do not submit this referral.

Please indicate that it is safe for the patient to wait for an evaluation by confirming all of the following are false.

\*\*\*\* IF ANY ANSWERS ARE "TRUE", ESCORT PATIENT TO THE EMERGENCY ROOM and CANCEL THIS REQUEST. \*\*\*\*

\* ☒ TRUE ☐ FALSE The patient is so despondent that he plans

\* Indicates a Required Field

Preview OK Cancel

**Figure A.13. Reason for Request - Mental Health Clinic Outpatient (image 3 of 4)**

**Reason for Request: MH-MENTAL HEALTH CLINIC OUTPT -(WLA)**

\* ☐ TRUE ☐ FALSE The patient is so despondent that he plans to commit suicide.

\* ☐ TRUE ☐ FALSE The patient is so angry that he plans to assault others.

\* ☐ TRUE ☐ FALSE The patient is so disorganized that he cannot obtain the basic necessities (e.g. food, clothing, shelter).

\* ☐ TRUE ☐ FALSE The patient is currently too intoxicated with alcohol or other substances to leave the supervision of healthcare providers.

\* ☐ TRUE ☐ FALSE The patient is likely to develop severe alcohol withdrawal within hours or days.

\* ☐ TRUE ☐ FALSE The patient is so disorganized that he would be unable to keep an appointment.

If ANY of the above are "TRUE", then this is an emergency. If patient is inpatient and this is during regular business hours, please page the Psychiatry Consultation/Liason Service at 5915 or call them at 310-995-1885.

All others, please page the ED psychiatrist at 5625, and, if necessary, call VA PD for assistance and walk the patient to the ED.

If ALL of the above are "FALSE", please provide patient with the contact information below:

1. To inquire about MHC appointment scheduling or to reschedule an appointment please call 310-268-4449.
2. In case of emergencies, please come to the Emergency Department or call 911.
3. In case of crisis, please call the National Crisis Hotline at 1-800-273-8255.

\* Indicates a Required Field

Preview OK Cancel

**Figure A.14. Reason for Request - Mental Health Clinic Outpatient (image 4 of 4)**

**Reason for Request: MH-MENTAL HEALTH CLINIC OUTPT -(WLA)**

\* ☐ TRUE ☐ FALSE The patient is so angry that he plans to assault others.

\* ☐ TRUE ☐ FALSE The patient is so disorganized that he cannot obtain the basic necessities (e.g. food, clothing, shelter).

\* ☐ TRUE ☐ FALSE The patient is currently too intoxicated with alcohol or other substances to leave the supervision of healthcare providers.

\* ☐ TRUE ☐ FALSE The patient is likely to develop severe alcohol withdrawal within hours or days.

\* ☐ TRUE ☐ FALSE The patient is so disorganized that he would be unable to keep an appointment.

If ANY of the above are "TRUE", then this is an emergency. If patient is inpatient and this is during regular business hours, please page the Psychiatry Consultation/Liason Service at 5915 or call them at 310-995-1885.

All others, please page the ED psychiatrist at 5625, and, if necessary, call VA PD for assistance and walk the patient to the ED.

If ALL of the above are "FALSE", please provide patient with the contact information below:

1. To inquire about MHC appointment scheduling or to reschedule an appointment please call 310-268-4449.
2. In case of emergencies, please come to the Emergency Department or call 911.
3. In case of crisis, please call the National Crisis Hotline at 1-800-273-8255.

[Mental Health point of contact sheet](#) with suicide crisis information given to veteran AND any questions and concerns addressed. \* ☐ Yes ☐ No

\* Indicates a Required Field

Preview OK Cancel

**Figure A.15. Mental Health Consult from Specialty Clinics, for Patients Older Than 65 with Multiple Medical Problems (image 1 of 2)**

The screenshot shows a web form with a blue header bar containing the text "Specialty Medical or Surgical Clinic/Non PACC Primary Care" and a "Done" button on the right. Below the header, the text "Patient is older than 65 yrs with multiple medical problems" is displayed. A horizontal separator line is followed by the text "All other patients". The main body of the form is a large, empty light gray rectangular area.

**Figure A.16. Mental Health Consult from Specialty Clinics, for Patients Older Than 65 with Multiple Medical Problems (image 2 of 2)**

The screenshot shows a web form with a blue header bar containing the text "FROM SPECIALTY OVER 65" and a "Done" button on the right. The form contains several lines of instructional text: "This consult is for Medical/Surgical/Non PACC Primary Care providers only", "The routine consult you are about to complete will be reviewed by the Geropsych Outpatient service.", "If this is an emergency please page the ED psychiatrist (5625) and walk the patient to the ED", and "To proceed with entering this routine consult click below: Geri/Psych Outpatient Program". A horizontal separator line is positioned below the last line of text. The main body of the form is a large, empty light gray rectangular area.



**Figure A.17. Reason for Request - Geropsychiatry Clinic Outpatient (image 1 of 3)**

Reason for Request: MH-GEROPSYCH CLINIC OUTPT -(WLA)

\*\*\*\*\*  
ZZTEST,A PATIENT GRACE 4399 77 Y/O FEMALE  
SERVICE CONNECTED % - NONE FOUND RATED DISABILITIES - NONE FOUND  
\*\*\*\*\*

\*\*\*\*\*  
\*\* PAST CLINIC APPOINTMENTS \*\*  
DATE/TIME CLINIC ( LOCATION )  
\*\*\* NO DATA \*\*\*  
\*\*\*\*\*

\*\*\*\*\*  
\*\* TODAY'S & FUTURE CLINIC APPOINTMENTS \*\*  
DATE/TIME CLINIC ( LOCATION )  
\*\*\* NO DATA \*\*\*  
\*\*\*\*\*

It has been determined that there is no psychiatric emergency, no suicidal or homicidal ideation, grave disability, or severe intoxication requiring emergency medical attention. No indication for calling emergency services.

For urgent request, please page the service: [Pager info link](#)

>Referring provider's pager/phone:  
NAME: WEDEMEYER,LINDA  
SERVICE/SECTION: SURGICAL & PERIOPERATIVE CARE  
PHONE EXT: 213 253-2677 4633  
VA PAGER: 3450  
UCLA PAGER:  
OTHER PAGER(S):

>Is the referring provider contact information above correct? \*☒ Yes ☐ No  
If "no," please update info below:

>Patient's current phone number per CPRS: Phone: 323-123-4567  
Work:  
Cell:

>Patient's address per CPRS: 11752 HALLWOOD DRIVE  
APT 606  
LOS ANGELES CALIFORNIA 90048

\* Indicates a Required Field

Preview OK Cancel

**Figure A.18. Reason for Request - Geropsychiatry Clinic Outpatient (image 2 of 3)**

Reason for Request: MH-GEROPSYCH CLINIC OUTPT - (WLA)

>Patient's address per CPRS: 11752 HALLWOOD DRIVE  
APT 606  
LOS ANGELES, CALIFORNIA 90048

>Is the patient's contact information above correct? \* ☐ Yes ☐ No

>If "no," please update info below:  
>Current Phone Number:   
(If the patient does not have a phone number, please call GeroPsych outpatient scheduler so they can talk to the patient and schedule an appointment.)

>Current living situation/address:

>What symptom(s) or problem(s) do you want the consultant to evaluate?  
\*  
☐ Depression  
☐ PTSD  
☐ Psychotic symptoms (e.g. delusions, hallucinations, etc)  
☐ Memory problems  
☐ Substance abuse or dependence  
☐ Other (Please describe)

>Relevant history: \*

>Please indicate that it is safe for the patient to wait for an evaluation by confirming all of the following are false.  
\*  
TRUE FALSE The patient is ...  
[ 1 ] [ 1 ] so despondent that he plans to commit

\* Indicates a Required Field

Preview OK Cancel

**Figure A.19. Reason for Request - Geropsychiatry Clinic Outpatient (image 3 of 3)**

**Reason for Request: MH-GEROPSYCH CLINIC OUTPT -(WLA)**

basic necessities (e.g. food, clothing, and shelter) and these are not provided by a caregiver.

☐ ☐ ..currently too intoxicated (with alcohol or drugs) to leave the supervision of healthcare providers.

☐ ☐ ..likely to develop severe alcohol withdrawal within hours or days.

☐ ☐ ..so disorganized that he would be unable to keep an appointment and there is no caregiver available to take him.

If ANY of the above are "TRUE," this is an emergency. If the patient is in an inpatient this is during regular hours (8am-5pm, Monday-Friday) please page the Geriatric Psychiatry (pager 5452)

All other emergencies please, page the ED psychiatrist (pager 5625)

If ALL of the above are "FALSE," please provide pt with the contact info at the bottom

>SELECT ONE:

\*

☐ No contact given to patient because pt referred immediately to Geriatric Psychiatry

☐ Pt given info to be used while waiting for appt

Patients not immediately seen were given the following contact numbers:

1. Mental health provider's contact information:  
Dr. Sultzer (310-268-3708)  
OR  
Dr. Osato [(310)478-3711 ext 83336]

2. In case of emergencies, pt should come to the ED or call the Suicide Hotline (Los Angeles 1-877-727-4747 / National 1-800-273-8255)

[Click here for Mental Health Contact Info ED Pt Print Out](#)

-----

\*☐ I have discussed the need for this consultation with the patient.

\*☐ The patient agreed to see a mental health provider.

< ||| >

\* Indicates a Required Field

Preview OK Cancel

**Figure A.20. Mental Health Consult from Specialty Clinics**

Specialty Medical or Surgical Clinic MENTAL HEALTH CONSULT Done

THIS CONSULT IS FOR SPECIALTY MEDICAL OR SURGICAL CLINIC PROVIDERS:

If this is an emergency please page the ED Psychiatrist Pg 5625 and walk pt to ED

If this is a request for a transplant evaluation click below:  
[PSYCH MED/SURG CONSULT](#)

If this is a routine consult to the WLA MHC click below:  
[MENTAL HEALTH CONSULT](#)

**Figure A.21. Mental Health Consult for Medical or Surgical Inpatient**

Reason for Request: MH-PSYCHIATRY FROM MED/SURG INPT -(WLA)

\*\*\*\*\*  
 ZZTEST,A PATIENT GRACE 4399 77 Y/O FEMALE  
 SERVICE CONNECTED % - NONE FOUND RATED DISABILITIES - NONE FOUND  
 \*\*\*\*\*

\*\*\* PAST CLINIC APPOINTMENTS \*\*\*  
 DATE/TIME CLINIC ( LOCATION )  
 \*\*\* NO DATA \*\*\*

---

\*\*\* TODAY'S & FUTURE CLINIC APPOINTMENTS \*\*\*  
 DATE/TIME CLINIC ( LOCATION )  
 \*\*\* NO DATA \*\*\*

---

For urgent request, please page the service: [Pager info link](#)  
 ALL INFORMATION MUST BE FILLED OUT

Patient has been told about consult request and agrees to be seen by consultant \* ☒ Yes  
☐ No

Referring provider:Linda Wedemeyer, MD  
 Pager/phone:\*  
 Team/Team#:\*

What symptom(s) or problem(s) do you want the consultant to evaluate?  
 (Please describe) \*

Patients medical problems/relevant history: \*

Please indicate that it is safe for the  
 patient to wait for an evaluation by  
 confirming all of the following are false.  
 \*

TRUE FALSE The patient is ...

\* Indicates a Required Field

Preview OK Cancel

Figures A.22-A.32: Greater Los Angeles, CA VAMC Mental Health Consult for Depression - Documentation Template

**Figure A.22. Template: Depression Assessment Consult Note (image 1 of 5)**

**Template: Depression Assessment Consult Note**

**DEPRESSION ASSESSMENT CONSULT NOTE**

ZZTEST,A PATIENT GRACE was interviewed by phone on [ ] by a TIDES Depression Care Manager. Please order depression treatment as an addendum to this note and identify DCM as an additional signer. Nurse care managers can assist with referrals, but cannot order medication. Treatment decision support given below is based on medical center and TIDES algorithms and should be modified by your clinical judgment as needed.

To review the full assessment on which the algorithm-based proposed treatment plan is based, please see the related note titled "----INSERT INITIAL ASSESSMENT NOTE TITLE HERE----".

**DEPRESSIVE SYMPTOMS AND OTHER POSITIVE FINDINGS**

PHQ-9 Score [ ] out of 27. (10+ suggests major depression)

Number of depressive symptoms experienced over past 2 weeks: 0 [ ] out of 9

Have these symptoms made it difficult to work, take care of things at home or to get along with other people? [ ]

Do patient's depressive symptoms include one or both symptoms required for a diagnosis of MDD (feeling little interest/pleasure or feeling down/depressed/hopeless)? ☒ Yes ☐ No

Diagnosed with depression in the past? ☒ Yes ☐ No

Dysthymia? ☒ Yes ☐ No

**Probable Co-Morbidities:**

- ☐ Suicidal ideation
- ☐ Activity deficits
- ☐ Anxiety
- ☐ Cognition
- ☐ ETOH
- ☐ General Medical
- ☐ Loneliness
- ☐ Mental Health

All None \* Indicates a Required Field Preview OK Cancel

**Figure A.23. Template: Depression Assessment Consult Note (image 2 of 5)**

Template: Depression Assessment Consult Note

☐ Loneliness

☐ Mental Health

☐ Pain Issues

☐ PTSD

☐ Other:

☐ Spine Consult:

☒ PATIENT TREATMENT PREFERENCES

☐ Watchful Waiting- pt understands he/she may need treatment for depression, but refuses psychotherapy or antidepressant treatment at this time.

☐ Patient Self-Help- Pt will consider exercise, stress reduction, sleep hygiene.

☐ Anti-Depressants- declined at this time.

☐ Anti-Depressants- Wants to start medication

☐ Anti-Depressants - Wants to start medication but will not stop drinking

☐ Anti-Depressants - Wants to start medication and will stop drinking

☐ Anti-Depressants- No previous history of antidepressant use.

☐ Anti-Depressants- past use, has done well on

☐ Psychotherapy- strong indication, pt declines at this time.

☐ Referral- Pt understands he/she has significant depressive symptoms and agrees to referral to Mental Health.

☐ PATIENT ACTIVATION/SELF-HELP PLAN: ☐ Patient has self-help plan ☐ None

PATIENT QUESTIONS OR CONCERNS:

None at this time.

☐ PROBABLE DEPRESSION-RELATED DSM IV DIAGNOSIS  
(If the patient does not already have a depression-related diagnosis)

☐ ALGORITHM-BASED CARE PLAN SUGGESTIONS

☐ DCM FOLLOW UP

☐ DCM TO DISCUSS WITH TIDES SUPERVISING PSYCHIATRIST?

☒ Yes ☐ No

All None \* Indicates a Required Field Preview OK Cancel

**Figure A.24. Template: Depression Assessment Consult Note (image 3 of 5)**

Template: Depression Assessment Consult Note

☐ PATIENT ACTIVATION/SELF-HELP PLAN: ☐ Patient has self-help plan ☐ None

PATIENT QUESTIONS OR CONCERNS:  
None at this time.

☒ PROBABLE DEPRESSION-RELATED DSM IV DIAGNOSIS  
(If the patient does not already have a depression-related diagnosis)

☐ Not Depressed. PHQ-9 score of 4 or less.

☐ Adjustment Disorder (309.0). PHQ-9 scores between 5 and 9 in the absence of a past history of major depression or anhedonia

☐ Bereavement (V62.82). The patient has lost a spouse or close relative in the last two months.

☐ Dysthymia (300.4). PHQ-9 scores between 5 and 9 in patients who report experiencing the symptoms for two or more years.

☐ Depressive Disorder NOS (311). PHQ-9 scores between 5 and 9 with a past history of depression most often are relapsing or incompletely treated.

☐ Major Depressive Disorder, Single or Recurrent (296.2/296.3). PHQ-9 scores equal to or greater than 10 suggest major depression.

☒ ALGORITHM-BASED CARE PLAN SUGGESTIONS

☒ (PATIENT IS NOT ALREADY ON MEDICATION)

☐ Watchful Waiting

☐ Consider antidepressant. Clinical guidelines for treatment of dysthymia and major depression recommend full course of anti-depressants or psychotherapy.

☐ Consider referral to Mental Health for:

☐ Consider lab testing on next primary care visit for:  
☒ TSH ☒ T4 ☒ CA++ ☒ BUN ☒ Creatinine ☒ B12 ☒ SGOT ☒ SGPT ☐ Other:

☐ Other:

☐ (PATIENT IS ALREADY ON MEDICATION)

☐ DCM FOLLOW UP

☐ DCM TO DISCUSS WITH TIDES SUPERVISING PSYCHIATRIST?  
☒ Yes ☐ No

\* Indicates a Required Field



**Figure A.25. Template: Depression Assessment Consult Note (image 4 of 5)**

Template: Depression Assessment Consult Note

☒ ALGORITHM-BASED CARE PLAN SUGGESTIONS

☐ (PATIENT IS NOT ALREADY ON MEDICATION)

☒ (PATIENT IS ALREADY ON MEDICATION)

☐ Patient is compliant with medication and not experiencing significant side effects. No changes indicated

☐ Based on patient's medication side effects and compliance, consider changing medication

☐ Based on patient's current symptoms and medication compliance, consider referring patient for 24 weeks of regular telephone follow-up by a Greater Los Angeles Depression Care Manager

☐ Consider lab testing on next primary care visit for:  
☐ TSH ☐ T4 ☐ CA++ ☐ BUN ☐ Creatinine ☐ B12 ☐ SGOT ☐ SGPT ☐ Other:

☐ Consider referral to Mental Health for:

☐ Patient needs follow up with PC Provider in  wks for further medication management and depression assessment per Major Depression Performance Guidelines

☐ Other:

☒ DCM FOLLOW UP

☐ Unless otherwise directed by referring clinician, depression care manager will call patient for symptom assessment and follow-up in  .  
Patient is aware of and agrees to follow-up contact by depression care manager.

☐ Unless otherwise directed by referring clinician, patient to be followed by MH. DCM will monitor for medication compliance and keeping scheduled appointments. PHQ-9 will be re-administered at 24 weeks.

☐ Unless otherwise directed by referring clinician, depression care manager will not re-contact patient. Veteran refuses further follow-up. Patient to follow with Primary Care Provider on scheduled appointments for depression symptoms.

☐ No depressive symptoms expressed and no future contacts are needed. Patient to follow-up with Primary care provider on scheduled appointments

All None \* Indicates a Required Field Preview OK Cancel

Figure A.26. Template: Depression Assessment Consult Note (image 5 of 5)

Template: Depression Assessment Consult Note

Effects: NO changes indicated

☐ Based on patient's medication side effects and compliance, consider changing medication

☐ Based on patient's current symptoms and medication compliance, consider referring patient for 24 weeks of regular telephone follow-up by a Greater Los Angeles Depression Care Manager

☐ Consider lab testing on next primary care visit for:  
☐ TSH ☐ T4 ☐ CA++ ☐ BUN ☐ Creatinine ☐ B12 ☐ SGOT ☐ SGPT ☐ Other:

☐ Consider referral to Mental Health for:

☐ Patient needs follow up with PC Provider in  wks for further medication management and depression assessment per Major Depression Performance Guidelines

☐ Other:

☒ DCM FOLLOW UP

☐ Unless otherwise directed by referring clinician, depression care manager will call patient for symptom assessment and follow-up in  .  
 Patient is aware of and agrees to follow-up contact by depression care manager.

☐ Unless otherwise directed by referring clinician, patient to be followed by MH. DCM will monitor for medication compliance and keeping scheduled appointments. PHQ-9 will be re-administered at 24 weeks.

☐ Unless otherwise directed by referring clinician, depression care manager will not re-contact patient. Veteran refuses further follow-up. Patient to follow with Primary Care Provider on scheduled appointments for depression symptoms.

☐ No depressive symptoms expressed and no future contacts are needed. Patient to follow-up with Primary care provider on scheduled appointments.

☐ Veteran refuses further follow-up. Patient to follow with Primary care provider on scheduled appointments for depression symptoms

☐ DCM TO DISCUSS WITH TIDES SUPERVISING PSYCHIATRIST?  
☒ Yes ☐ No

All None \* Indicates a Required Field Preview OK Cancel

**Figure A.27. Reminder Dialog Template: Geriatric Research Education and Clinical Center (GRECC) Exam Tools (image 1 of 2)**

Reminder Dialog Template: GRECC Exam Tools

☒ Domain: Functional Status

Depression Scores History:  
SHF - Functional Status  
-----

No data available for LAWTON (IADL) SCORE; KATZ SCORE

MHAS - Functional Status  
-----

No data available for INDEX OF ADL

-----

New Scores:

☐ Katz Index of Activities of Daily Living:

☐ KATZ SCORE (0 to 6):

☐ Lawton Instrumental Activities of Daily Living (IADL) (score 0-8)

☐ Domain: Balance and Gait

☒ Domain: Depression

Depression Scores History:  
SHF - Domain: Depression  
-----

No data available for GERIATRIC DEPRESSION SCALE (GDS-15);  
GERIATRIC DEPRESSION SCALE (GDS-5)

MHAS - Depression Screening  
-----

Date	Instrument	Raw	Trans Scale
10/18/2016 16:12	PHQ-2	0	Depression

Visit Info Finish Cancel

Domain: Functional Status  
Depression Scores History:  
SHF - Functional Status

Health Factors: GERIATRIC DEPRESSION SCALE (GDS-15), GERIATRIC DEPRESSION SCALE (GDS-5)

\* Indicates a Required Field

**Figure A.28. Reminder Dialog Template: Geriatric Research Education and Clinical Center (GRECC) Exam Tools (image 2 of 2)**

Reminder Dialog Template: GRECC Exam Tools

☐ Domain: Functional Status

☐ Domain: Balance and Gait

☒ Domain: Depression

Depression Scores History:  
SHF - Domain: Depression

-----

No data available for GERIATRIC DEPRESSION SCALE (GDS-15);  
GERIATRIC DEPRESSION SCALE (GDS-5)

MHAS - Depression Screening

-----

Date	Instrument	Raw	Trans Scale
10/18/2016 16:12	PHQ-2	0	Depression
10/18/2016 16:12	PHQ-2	0	Depression
08/23/2016 10:07	PHQ-2	4	Depression
05/13/2015 13:54	PHQ-2	5	Depression

-----

New Scores:

☒ Geriatric Depression Scale: [Perform GDS](#)

☐ Global Deterioration Scale:

☐ Geriatric Depression Scale-15 (GDS-15) (Score 0-15)

☐ Geriatric Depression Scale-5 (GDS-5) (Score 0-5)

PHQ-2

[Perform PHQ-2](#)

☐ Domain: Mental Status Testing:

☒ Domain: Geriatric Risk Assessment:

[Visit Info](#) [Finish](#) [Cancel](#)

Domain: Depression

Depression Scores History:  
SHF - Domain: Depression

<No encounter information entered>

\* Indicates a Required Field

**Figure A.29. Geriatric Depression Scale (GDS) Test (image 1 of 2)**

GDS: ZZTEST, A PATIENT GRACE

Choose the best answer for how you have felt over the past week:

1. Are you basically satisfied with your life?  
☐ 0. No ☐ 1. Yes

2. Have you dropped many of your activities and interests?  
☐ 0. No ☐ 1. Yes

3. Do you feel that your life is empty?  
☐ 0. No ☐ 1. Yes

4. Do you often get bored?  
☐ 0. No ☐ 1. Yes

5. Are you in good spirits most of the time?  
☐ 0. No ☐ 1. Yes

6. Are you afraid that something bad is going to happen to you?  
☐ 0. No ☐ 1. Yes

7. Do you feel happy most of the time?  
☐ 0. No ☐ 1. Yes

8. Do you often feel helpless?  
☐ 0. No ☐ 1. Yes

9. Do you prefer to stay at home, rather than going out and doing new things?  
☐ 0. No ☐ 1. Yes

☒ Use speed tab

Hint: Use the number key of the item to speed data entry.

**Figure A.30. Geriatric Depression Scale (GDS) Test (image 2 of 2)**

GDS: ZZTEST, A PATIENT GRACE

8. Do you often feel helpless?  
☐ 0. No ☐ 1. Yes

9. Do you prefer to stay at home, rather than going out and doing new things?  
☐ 0. No ☐ 1. Yes

10. Do you feel you have more problems with memory than most?  
☐ 0. No ☐ 1. Yes

11. Do you think it is wonderful to be alive now?  
☐ 0. No ☐ 1. Yes

12. Do you feel pretty worthless the way you are now?  
☐ 0. No ☐ 1. Yes

13. Do you feel full of energy?  
☐ 0. No ☐ 1. Yes

14. Do you feel that your situation is hopeless?  
☐ 0. No ☐ 1. Yes

15. Do you think that most people are better off than you are?  
☐ 0. No ☐ 1. Yes

☒ Use speed tab   
Hint: Use the number key of the item to speed data entry.

**Figure A.31. Reminder Dialog Template: Geriatric Research Education and Clinical Center (GRECC) Exam Tools – post Geriatric Depression Scale (GDS) Test Completion**

Reminder Dialog Template: GRECC Exam Tools

☐ Domain: Functional Status

☐ Domain: Balance and Gait

☒ Domain: Depression

Depression Scores History:  
SHF - Domain: Depression

-----

No data available for GERIATRIC DEPRESSION SCALE (GDS-15);  
GERIATRIC DEPRESSION SCALE (GDS-5)

MHAS - Depression Screening

-----

Date	Instrument	Raw	Trans	Scale
10/18/2016 16:12	PHQ-2	0		Depression
10/18/2016 16:12	PHQ-2	0		Depression
08/23/2016 10:07	PHQ-2	4		Depression
05/13/2015 13:54	PHQ-2	5		Depression

-----

New Scores:

☐ Geriatric Depression Scale:

☐ Global Deterioration Scale:

☒ Geriatric Depression Scale-15 (GDS-15) (Score 0-15)

Score: \*

☒ Geriatric Depression Scale-5 (GDS-5) (Score 0-5)

Score:

PHQ-2

[Perform PHQ-2](#)

[Visit Info](#) [Finish](#) [Cancel](#)

Domain: Depression  
Depression Scores History:  
SHF - Domain: Depression

Health Factors: GERIATRIC DEPRESSION SCALE (GDS-15), GERIATRIC DEPRESSION SCALE (GDS-5)

\* Indicates a Required Field

**Figure A.32. Patient Health Questionnaire-2 (PHQ-2)**

PHQ-2: ZZTEST,A PATIENT GRACE

Over the past two weeks, how often have you been bothered by the following problems?

1. Little interest or pleasure in doing things

☐ 1. Not at all

☐ 2. Several days

☐ 3. More than half the days

☐ 4. Nearly every day

2. Feeling down, depressed, or hopeless

☐ 1. Not at all

☐ 2. Several days

☐ 3. More than half the days

☐ 4. Nearly every day

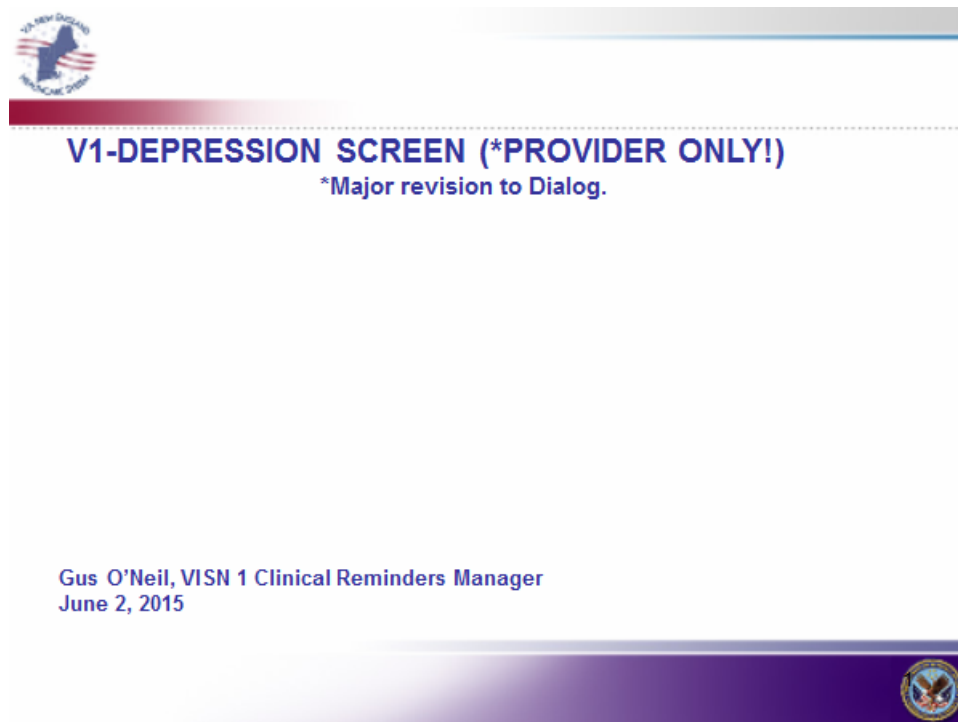
☒ Use speed tab

Hint: Use the number key of the item to speed data entry.

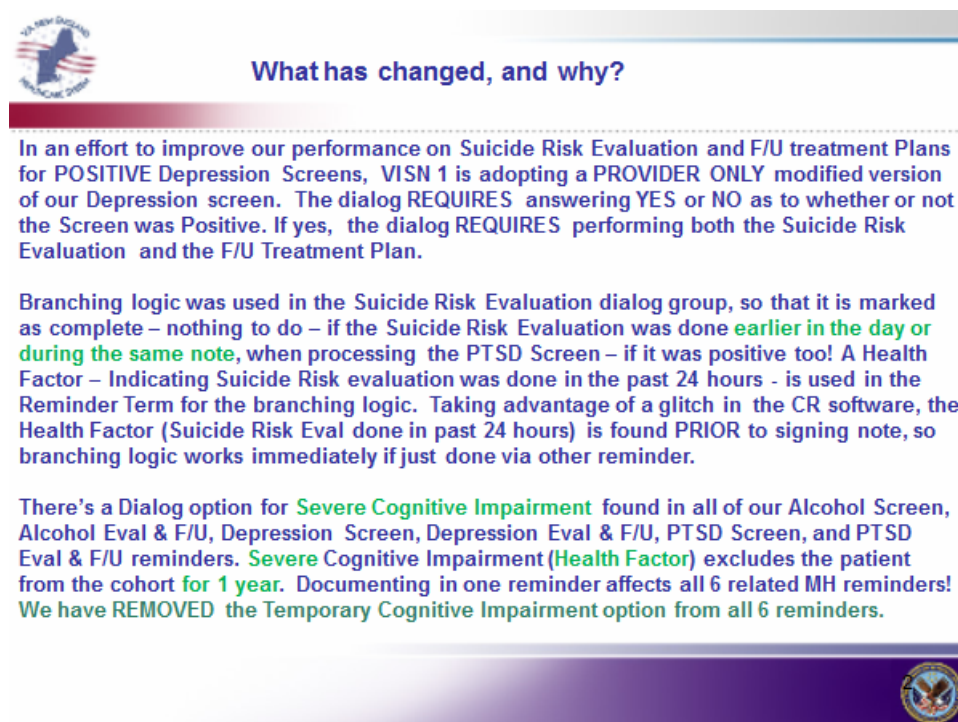
PowerPoint Slides: Veterans Integrated Service Network (VISN) 1 - Depression Evaluation and Follow-up




**Figure A.33. Veterans Integrated Service Network (VISN) 1 - Depression Screen (slide 1 of 7)**

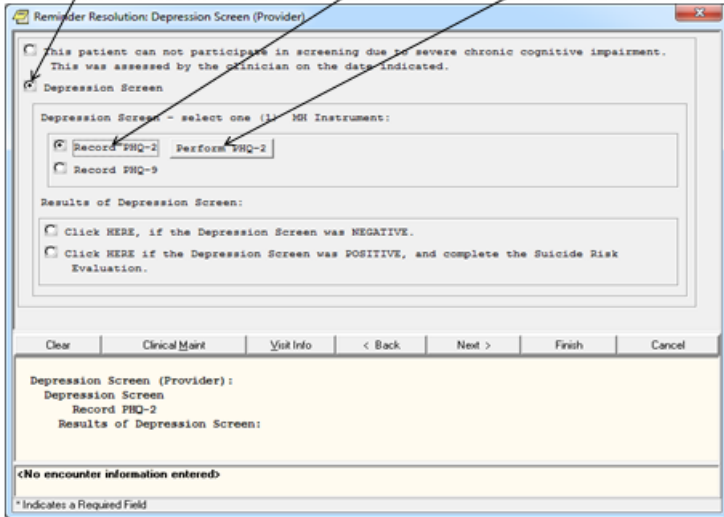


**Figure A.34. Veterans Integrated Service Network (VISN) 1 - Depression Screen (slide 2 of 7)**



**Figure A.35. Veterans Integrated Service Network (VISN) 1 - Depression Screen (slide 3 of 7)**

 **The 2<sup>nd</sup> Option – actually performing the Depression Screen:**  
**Requires 2 clicks – Record, then Perform**  
**(either PHQ-2 or PHQ-9 is selectable).**




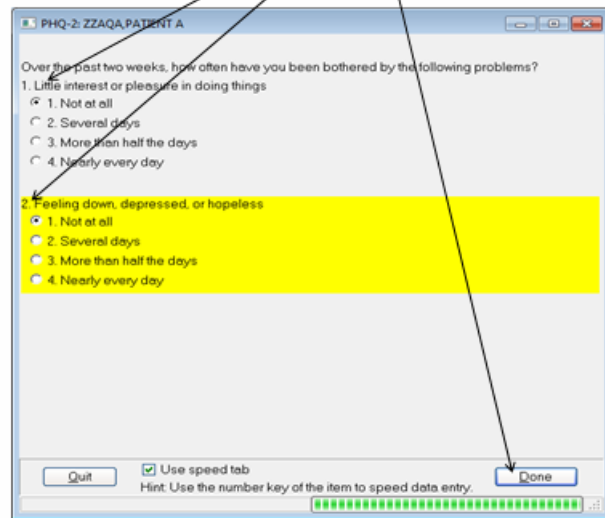
Clear Clinical Maint Visit Info < Back Next > Finish Cancel

Depression Screen (Provider):  
Depression Screen  
Record PHQ-2  
Results of Depression Screen:

<No encounter information entered>  
\* Indicates a Required Field

**Figure A.36. Veterans Integrated Service Network (VISN) 1 - Depression Screen (slide 4 of 7)**

 **The actual PHQ-2 Instrument. 2 Questions need to be answered,**  
**Then the user needs to click on "Done". This was a NEGATIVE**  
**SCREEN - Suicide Risk and F/U Eval are not required!**



PHQ-2: ZZAQA, PATIENT A

Over the past two weeks, how often have you been bothered by the following problems?

1. Little interest or pleasure in doing things


☒ 1. Not at all  
☐ 2. Several days  
☐ 3. More than half the days  
☐ 4. Nearly every day

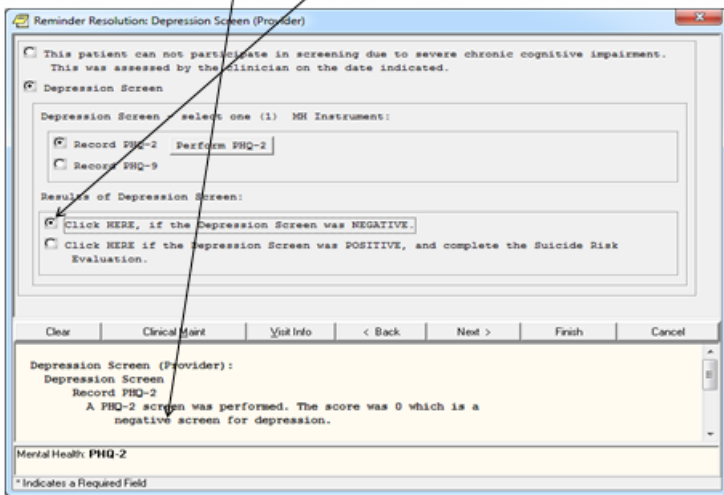
2. Feeling down, depressed, or hopeless

☒ 1. Not at all  
☐ 2. Several days  
☐ 3. More than half the days  
☐ 4. Nearly every day

Quit ☒ Use speed tab  
Hint: Use the number key of the item to speed data entry. Done

**Figure A.37. Veterans Integrated Service Network (VISN) 1 - Depression Screen (slide 5 of 7)**

 Provider sees **PN Text** indicating it is **NEGATIVE**, and should click on **Negative Result**.



Reminder Resolution: Depression Screen (Provider)

☐ This patient can not participate in screening due to severe chronic cognitive impairment. This was assessed by the clinician on the date indicated.

☒ Depression Screen

Depression Screen select one (1) MH Instrument:

☒ Record PHQ-2 Perform PHQ-2

☐ Record PHQ-9

Results of Depression Screen:

☒ Click HERE, if the Depression Screen was NEGATIVE.

☐ Click HERE if the Depression Screen was POSITIVE, and complete the Suicide Risk Evaluation.

Clear Clinical Maint Visit Info < Back Next > Finish Cancel

Depression Screen (Provider):

Depression Screen


Record PHQ-2

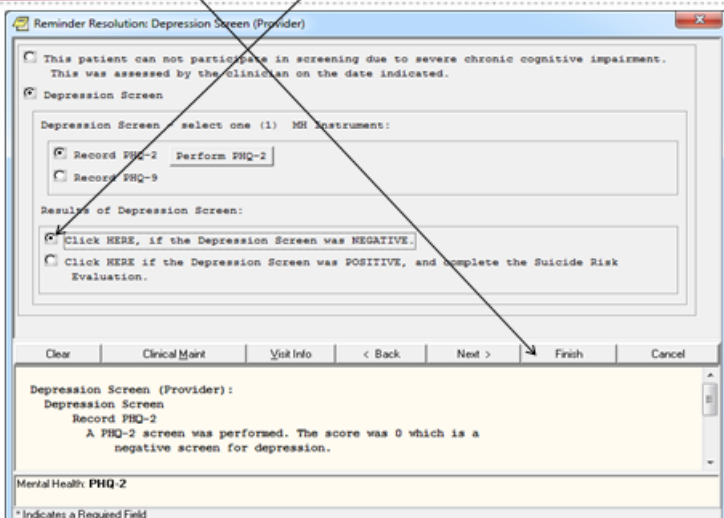
A PHQ-2 screen was performed. The score was 0 which is a negative screen for depression.

Mental Health: PHQ-2

\* Indicates a Required Field

**Figure A.38. Veterans Integrated Service Network (VISN) 1 - Depression Screen (slide 6 of 7)**

 Once provider clicks on **Negative Screen**, he/she may then click on **Finish** – the reminder is completed and resolved.



Reminder Resolution: Depression Screen (Provider)

☐ This patient can not participate in screening due to severe chronic cognitive impairment. This was assessed by the clinician on the date indicated.

☒ Depression Screen

Depression Screen select one (1) MH Instrument:

☒ Record PHQ-2 Perform PHQ-2

☐ Record PHQ-9

Results of Depression Screen:

☒ Click HERE, if the Depression Screen was NEGATIVE.

☐ Click HERE if the Depression Screen was POSITIVE, and complete the Suicide Risk Evaluation.

Clear Clinical Maint Visit Info < Back Next > Finish Cancel

Depression Screen (Provider):

Depression Screen


Record PHQ-2

A PHQ-2 screen was performed. The score was 0 which is a negative screen for depression.

Mental Health: PHQ-2

\* Indicates a Required Field

**Figure A.39. Veterans Integrated Service Network (VISN) 1 - Depression Screen (slide 7 of 7)**

 If the Depression Screen is **Positive**, when the provider clicks on **"Done"**, a warning comes up (see next screen!):

PHQ-2: ZZAQA, PATIENT

Over the past two weeks, how often have you been bothered by the following problems?

1. Little interest or pleasure in doing things

☐ 1. Not at all  
☐ 2. Several days  
☐ 3. More than half the days  
☒ 4. Nearly every day

2. Feeling down, depressed, or hopeless

☐ 1. Not at all  
☐ 2. Several days  
☐ 3. More than half the days  
☒ 4. Nearly every day

☒ Use speed tab  
Hint: Use the number key of the item to speed data entry.

